

Amendments to the Specification

Please add the following new paragraph on page 1 as the first sentence of the specification directly following the title:

This application is a division of U.S. patent application No. 09/569,607, filed May 10, 2000, which is a continuation of U.S. patent application No. 09/540,665, filed March 31, 2000 (now U.S. patent 6,391,036), which is a division of U.S. patent application No. 09/016,721, filed January 30, 1998 (now abandoned). All of these prior applications are hereby incorporated by reference herein in their entireties.

Please replace the paragraph that begins at page 1, line 14 and ends at page 2, line 22 with the following amended version of that paragraph:

Tubular grafts are frequently needed in medical procedures. For example, a coronary bypass procedure may involve the installation of a tubular graft between an aperture that has been formed in the side wall of the aorta and an aperture that has been formed in the side wall of a coronary artery downstream from an occlusion or blockage in that artery. Each end of the graft must be connected to the side wall of either the aorta or the coronary artery. Each

such connection must extend annularly around the associated end of the graft conduit and be fluid-tight so that no blood will leak out. One common way to produce such connections is by suturing. It will be appreciated, however, that making such connections by suturing can be extremely difficult, time-consuming, and dependent on the skill of the physician for the quality of the results. There is also increasing interest in less invasive procedures which tend to impose constraints on the physician's access to the sites at which graft connections must be made and thereby make it more difficult or even impossible to use suturing to make such connections (see, for example, Goldsteen et al. U.S. patent application No. ~~08/745,618~~, filed November 7, 1996 5,976,178, Sullivan et al. U.S. patent application No. ~~08/844,992~~, filed April 23, 1997 6,120,432, and Sullivan et al. U.S. patent application No. 08/869,808, filed June 5, 1997, all of which are hereby incorporated by reference herein in their entireties). Various types of mechanical connectors have been developed to reduce or eliminate the need for suturing, but improvements are constantly sought for such mechanical connectors with respect to considerations such as ease and speed of use, ease of manufacture, strength and permanence of the resulting connection, etc.

Please replace the paragraph that begins at page 10, line 24 and ends at page 11, line 2 with the following amended version of that paragraph:

FIGS. 6-8 show use of a structure of the type shown in FIGS. 4 and 5 to provide a connector 20 for an end of graft conduit 30. (The possible alternative use of structures of the type shown in FIGS. 4 and 5 as a plug rather than a graft connector will be discussed after explanation of the connector embodiment is substantially complete.) Graft conduit 30 may be natural conduit (e.g., a relocated portion of the patient's tubular body tissue), artificial conduit (e.g., of the type shown in above-mentioned application No. ~~08/745,618~~ U.S. patent 5,976,178), or a composite of natural and artificial conduits.

Please replace the paragraph that begins at page 12, line 13 and ends at page 12, line 32 with the following amended version of that paragraph:

The next step is illustrated by FIG. 8 and involves the withdrawal of delivery tube 40 from the aperture in side wall 52, while components 20 and 30 are held stationary relative to side wall 52. As delivery tube 40 is thus withdrawn, the fingers 14 on the inside of conduit 50 are gradually released to resiliently spring out inside side wall

52 around the aperture through that wall. Thereafter, as delivery tube 40 continues to be retracted, the ~~finger~~ fingers 14 on the outside of conduit 50 are also released to resiliently spring out outside side wall 52 around the aperture through that wall. Thus the final condition of connector 20 is as shown in FIG. 8 (although of course delivery tube 40 is ultimately completely withdrawn from the patient). The fingers 14 on the inside of conduit 50 prevent the connector and graft conduit from pulling out of the aperture in side wall 52. The fingers 14 on the outside of conduit 50 prevent the connector and graft conduit from protruding undesirably far into conduit 50.